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| Public Health Laboratory of East TexasThe University of Texas Health Science Center at Tyler | CLIA# 45D1011121 |
| 11949 US Highway 271 NTyler, Texas 75708 | Laboratory DirectorRichard J. Wallace Jr., M.D. |
| Phone 903-877-5071Fax 903-877-5259 | 24-hour Emergency Phone903-312-3537 |
| **SP32-20080805-111438SUBMITTER INFORMATION**  |
| SUBMITTER  |
| ADDRESS  |
| CITY STATE TX ZIP CODE  |
| PHONE email- FAX  |
| LABORATORY CONTACT NAME AND NUMBER (FOR QUESTIONS)  |
| PANIC VALUE-CONTACT NUMBER (24/7)  |
| **PATIENT INFORMATION PLACE LABEL HERE** |
| **PATIENT NAME (LAST, FIRST, MI)**  |
| **DATE OF BIRTH** AGE SEX Male/Female SSN |
| ADDRESS CITY STATE/ZIP CODE |
| **DATE AND TIME OF COLLECTION**  | PHONE |
| DATE OF ONSET DIAGNOSIS/SYMPTOMS RISK |
| OUTBREAK ASSOCIATON: Y/N SURVEILLANCE: Y/N CIRCLE ONE: INPATIENT/OUTPATIENT  |
| ORDERING PHYSICIAN |
| **SPECIMEN SOURCE OR TYPE** (Circle one) |
| PLASMA | WHOLE BLOOD | NASOPHARYNGEAL SWAB/ASPIRATE |
| WOUND SWAB/ SOURCE- | THROAT SWAB | SPUTUM |
| TRACHEAL ASPIRATE | PLEURAL FLUID | SERUM | CSF/SPINAL FLUID |
| BACTERIAL ISOLATE | VIRAL CULTURE | OTHER (describe) |
| TEST REQUESTED (Place a check mark in the box to the left of the test requested) |
| * **BIOTERRORISM RULE IN/RULE OUT SUSPECTED ORGANISM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **INFLUENZA BY RT-PCR**
* **AVIAN FLU**
* **ARBOVIRUS PANEL (includes Zika, dengue, and Chikungunya**
* **COVID-19 PCR**
* **OTHER (specify)**
 |
| **TO BE COMPLETD BY PHLET PERSONNEL:** |
| **OTHER TESTS: CALL PHLET FOR APPROVAL** |
| Specimen received by Date/Time |
| Condition: Refrigerated 2-8 Celsius Room Temp 15-30 Celsius Frozen less than -20 Celsius |

**FOR ALL BT SUBMISSIONS and tests marked with an \* NOTIFY DSHS at 1-866-310-9698**

IF APPLICABLE, PLEASE DESCRIBE ANY EXPOSURES RELATED TO THIS SUBMISSION: